



## **Clermont Arts & Recreation Center Basketball Team Registration Form**

(Please Print All Information CLEARLY)

Season: ☐ Spring ☐ Summer

Team Name: \_\_\_\_\_

Jersey Color(s): \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Assistant Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Registration Fee: \$300 per Team Payable by Check or Cash

**\*\*Credit Card Payments are accepted but are subject to a 2.50% fee\*\***

### **OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Receipt #: \_\_\_\_\_